

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

85

Registered No.

PLACE OF BIRTH

County Gila

Township

City

State Arizona

or Village

St.

Ward

2. Full name of child Subelt Carnighan
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed)

3. Sex Male 4. Twin, triplet, or other Full term 5. Number, in order of birth 1
 6. Date of birth Mar 19, 1933
 (Month, day, year)

7. Full name of FATHER John Carnighan 8. Full name of MOTHER Rosalia Artiga

9. Residence (usual place of abode) Phoenix 10. Residence (if non-resident, give place and state) Phoenix

11. Color of hair White 12. Age at last birthday 40 (years)

13. Birthplace (city or place) Phoenix 14. Birthplace (city or place) Phoenix
 (State or country) Ariz. (State or country) Ariz.

15. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

16. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Housewife

17. Date (month and year) last engaged in this work 1933 18. Total time (years) spent in this work 19

19. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 3 (c) Stillborn

20. If stillborn, period of gestation months or weeks 21. Cause of stillbirth Before labor

22. Cause of stillbirth During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:00 A.M. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given named added from a supplemental report (Date of)

Registrar.

(Signed)

or

Address

Filed

1933

M.D.

Midwife

Registrar.

735-319-961